

The Role of Medicine in Society

A Progress Report of a Committee of the California Medical Education and Research Foundation

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IN MARCH 1963 the Council of the California Medical Association voted to undertake a study of the Role of Medicine in Society. This action was transmitted to the House of Delegates at its meeting on March 23-27, and received the concurrence of Reference Committee No. 1 and the approval of the House.

The Board of Directors of the Foundation, consisting of Dr. Samuel R. Sherman, President, and Drs. Carl E. Anderson, Burt L. Davis, James C. Doyle, William F. Quinn, and Mr. Howard Hassard, appointed Drs. Sanford Feldman, Elmer F. Goel, Paul I. Hoagland, Edward B. Shaw, Gerald W. Shaw, and Malcolm S. M. Watts to serve with it as the constituted committee to conduct the study.

In preparation for its first meeting on October 23, the Committee reviewed a 20-page working paper, prepared by Dr. Watts, which posed the wide range of basic questions and issues confronting the medical profession, and which outlined the dimensions of the problems with which the medical profession should concern itself. This working paper, together with a broad selection of materials and reports compiled by the Foundation's Research Staff, has proven to be a most useful working tool for the Committee and for the experts who have met with it over the past five months.

The Committee has held three formal meetings; one with leaders of the social and behavioral sciences, one with representatives of management, labor and the press, and a third in executive session for the purpose of assessing the progress it had made and the direction it should take as the inquiry progresses. The Committee is impressed with the fact that it is dealing with crucial and fundamental issues which cannot be resolved overnight or even within a few months. The Committee believes that the scope of its study will require several years of intensive work and deliberation before exhaustive, definitive conclusions can be reached.

The objectives of this broad-gauge study which were adopted by the Committee at its meeting on October 23, 1963, are to:

1. Study and to explore the nature of *existing* relationships between the medical profession and society;
2. Examine the problems, issues, and developments which are of concern to the medical profes-

sion and to the public in the rendition and receipt of medical care;

3. Delineate the mutual obligations and responsibilities of the medical profession and society, and the communication of ideas and ideals between them;

4. Inquire into the demands and needs for medical care among the public and its various segments;

5. Determine those methods, techniques, and opportunities through which the medical profession can best provide the highest quality of medical care to the people it serves;

6. Re-evaluate programs and policies in the light of medical advances and technological and social changes which affect medicine's relationships to the individual, the community, and its subgroups, and society as a whole;

7. Explore the findings of other disciplines, particularly those in the behavioral sciences, in order to ascertain how the products of other research can be utilized by the medical profession; and

8. Determine how the amalgam of interests of the medical and social sciences and the public can coalesce to formulate contemporary approaches to, and future directions in, health care.

On that same day, the Committee met with its first group of experts; prominent leaders in the behavioral and social sciences, who shared with the Committee their perceptions of medicine's image as viewed by the public, their intimate knowledge of the problems which confront medicine, and the questions posed by the public and representatives of community organizations with which they have contact through their disciplines.

To illustrate the caliber of the individuals who have been invited to meet with the Committee, the following is a thumbnail sketch of the interests and activities of some of these persons:

Professor John Clausen is Director of the Institute of Human Development at the University of California at Berkeley. He has a wide knowledge of the field of the social sciences, and has been a contributor to various publications which have dealt with various socio-economic aspects of medical care. Most recently he was one of the editors of a special issue of *The Annals of the American Academy of Political and Social Science*, which devoted itself completely to the subject of "Medicine and Society."

Father Timothy McDonnell is a political scientist at the University of San Francisco who has a na-

Presented to the CMA House of Delegates, March 21, 1964, by Samuel R. Sherman, M.D., Chairman of the Committee to Study the Role of Medicine in Society.

tional reputation as an arbitrator for labor and management affairs, but whose training and experience have brought him in close contact with schools of nursing and hospital administration. His discussion of third parties and para-medical personnel, and their relationship to the medical profession, represented a contribution which was invaluable for the purposes of our study.

Professor John Mothershead of the Philosophy Department of Stanford University provided a synthesis of the ideas and ideals of various segments of the public with which the medical profession should be familiar, and pointed to directions of activity which might help to overcome public hostility and criticism.

On December 18, the Committee met with another group of individuals who are outstanding leaders in their fields of endeavor.

Mr. Albin Gruhn is the President of the California Labor Federation, AFL-CIO. He has been an active member for many years of various community organizations and has represented labor on various local and state study committees and activities.

Mr. Charles Spark Thomas, former Secretary of the Navy and currently President of the Irvine Ranch Company, was able to provide the Committee with the perspective of one who has viewed various problems of medical care both as a government official and as an expert in management.

Mr. Herb Klein, Editor of the *San Diego Union*, and previously actively associated with Richard M. Nixon, the former Vice President of the United States, was able to share with the Committee his experience as a working reporter and as an editor attuned to expressions of public opinion.

The Committee's files are beginning to accumulate the wide range of opinions and attitudes of various segments of society toward the medical profession, and to reflect the suggestions and criticisms which will ultimately aid it in reaching conclusions. For the purpose of this Progress Report, it is sufficient to note that many of the commentators on medicine's role state that, although the medical profession has achieved preeminence in the techniques and technology of the scientific aspects of medical care: (1) Physicians tend to create the impression of providing impersonal care, (2) The public lacks awareness of medicine's social and economic objectives, (3) Organized medicine has failed to keep abreast of social and economic changes which are occurring in our society, (4) "Organized medicine" on the national level is a conservative force which dominates the social and political philosophy of physicians and which is not attuned to present needs and possibilities, (5) Physicians as a group possess a great deal of power and influence and have

used these attributes in a manner which, although primarily self-seeking, furthers neither their own interests nor those of society, (6) Medicine is opposed to various social and legislative changes for reasons of personal interest, (7) Organized medicine has not accurately reflected the opinions of the majority of physicians.

Needless to report, the Committee has permitted no opportunity to go by without correcting any misstatements of fact or misrepresentations regarding the goals and objectives of the medical profession. The presence of these critical statements is, however, symptomatic of the underlying problems and attitudes in variations of perspective which confront the medical profession, and for which remedial action of one type or another should eventually be taken.

The Committee frequently heard the statement which is all too familiar to most physicians; that the doctor's patient has only the highest regard for, and confidence in, him, but does not transfer this confidence to the medical profession as a whole. In an effort to pinpoint the reasons for this ambivalence, the Committee was impressed by the variety of elements which can possibly account for this apparent contradiction. The following are a few of the discernable accusations culled from many sources:

1. Physicians' incomes are too high.
2. Overcharges are widespread, and physicians scale their charges upward according to their unilateral estimate of the patient's ability to pay.
3. Physicians "protect" each other.
4. Criticisms exist regarding the medical profession's attitudes toward "comprehensive" medical care and organizational methods of providing such care through group practice.
5. The medical profession has failed in its responsibility to inform the public as to the type of medical care which it should receive and as to the content or scope of such a program.
6. Physicians fail to assume adequate responsibility for assuring quality of care, or for disciplining their own members.
7. Physicians fail to take an interest in community activities and matters which affect broad segments of the public.
8. The medical profession is a monopoly, and tries to limit the entry of new physicians into the profession.
9. Physicians are concerned with illness but not sufficiently with prevention of illness or ways to rehabilitate disabled persons.
10. Differing points of view are not tolerated within the medical profession; and finally,

11. The medical profession has never actually stated its position regarding the right or entitlement of people to receive good medical care when they need it.

It is this last criticism which has been identified by some observers as the source of a major loss of prestige the medical profession suffers today. Some persons believe that the medical profession's position regarding medical care for the aged under social security is unrealistic and represents just another example of what the medical profession will eventually accept when it is enacted, but is resisting to the utmost until the inevitable occurs.

Because the medical profession has reputedly not clearly stated to the public its position about medical care for the aged, and because a highly variegated system of medical assistance to the aged has developed throughout the United States in answer to King-Anderson type legislation, some observers feel that the public has equated medicine's position as one of being "against people."

Our Committee feels that, although it is premature to present a variety of recommendations at this time, there is one that should be considered without any delay. This pertains specifically to medicine's position regarding the availability of medical care to the various segments of the public. The Committee therefore recommends: *that the policy of the California Medical Association and of the medical profession of the nation be that of assuring every*

individual of good medical care by doctors of medicine, and the availability of such professional care when he or she needs it. Physicians are dedicated to serve all people in need of medical attention, regardless of their ability to pay for medical care.

This statement of principle and social philosophy, if adopted, must be accepted with the greatest degree of responsibility physicians of this State and of the country can assume. For, in essence, it does guarantee the availability of good medical care to every individual when he needs it, and it does obligate every physician to provide such care when called upon to render it. Although most physicians would assert that this policy does not differ from one which they believe has existed historically, a clear proclamation of medicine's goals is of prime importance at this time.

The Committee believes that, by this time next year, it will be able to report further progress in its study and to present a number of suggestions and recommendations based upon its observations in its further study of the role of medicine in society. It is our opinion, however, that serious consideration should be given by all county medical societies, their officers, and their members, to the allegations and charges as well as positive suggestions from various points of view which may mirror the dissatisfaction extant with regard to the medical profession in America today.

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